



2700 Ogden Ave.  
Downers Grove, IL 60515  
(630) 241-6800

## EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Please complete this application, fully answering each part or section that is applicable to you. Previous applications will not be considered. Any misrepresentation or failure to fully and accurately complete the application may be grounds for ineligibility/or termination of employment. Please type or print in ink.

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

County: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Home ☐ Cell ☐ Other: \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ Home ☐ Cell ☐ Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_ Month/Year Expired: \_\_\_\_\_  
(Provide only if DL/CDL is required for a position)

Restrictions: \_\_\_\_\_ Non-CDL ☐ D ☐ L ☐ M ☐ CDL ☐ A ☐ B ☐ C ☐ End. ☐ X ☐ N ☐

### POSITION DESIRED

(Complete ONE application for each county and each position you are applying for)

Position Title: \_\_\_\_\_ County / Location Desired: \_\_\_\_\_

Are you available to work: Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary ☐

How did you hear about this position? ☐ Social Media ☐ Automatic E-mail Alerts ☐ Friend/Relative  
☐ School Job Board ☐ Job Fair: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Are you a current Illinois Tollway employee? Yes ☐ No ☐

Please list any relatives working for the Illinois Tollway: \_\_\_\_\_  
(Listing any relatives will not improve an individual's hiring prospect)

**CITIZENSHIP:** The Tollway does not discriminate on the basis of citizenship status (born or naturalized U.S. citizen, U.S. national, or a person born outside the United States and not a U.S. citizen who is not an unauthorized alien and who is protected from discrimination under the provisions of Section 1324b of Title 8 of the United States Code, as now or hereafter amended.)

Please check the appropriate below.

☐ U.S. Citizen

If Alien Indicate: \_\_\_\_\_

☐ Permanent Resident Alien

Alien Reg. No.: \_\_\_\_\_

☐ Non-Immigrant Alien

Visa Type: \_\_\_\_\_

## SUPPLEMENTAL

NAME: \_\_\_\_\_ SOCIAL SECURITY (last 4 digits): \_\_\_\_ \_

POSITION TITLE: \_\_\_\_\_

The Illinois State Toll Highway Authority is an Equal Opportunity Employer and is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. Accordingly, you are being asked to voluntarily respond to this questionnaire by indicating the race(s)/ethnicity(ies) with which you self-identify. Failure to provide this information will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, affirmative action statistics, and Federal and/or State regulations, including those that require the information to be summarized and reported to the Federal and/or State government for civil rights enforcement. When reported, data will not identify any specific individual.

Please indicate the race(s)/ethnicity(ies) that apply to you.

Gender: Male ☐ Female ☐

- ☐ **White not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black or African-American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to Black or African-American.
- ☐ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Other:** \_\_\_\_\_

\*\*\*Completion of this form is optional\*\*\*

## EMPLOYMENT RECORD

List and describe your work experience in the last ten (10) years. Attach additional sheets if necessary. List in order, starting with present or most recent experience. Include any relevant volunteer work experience.

Previous applications will not be considered – Complete this form in **DETAIL**.

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Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position Title: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_ Highest Salary: \$ \_\_\_\_\_ Per: Yr./Mo./Wk. \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Total Years

Currently employed: Yes ☐ No ☐ Months

Supervisor's Name: \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Volunteer ☐

Describe the duties and responsibilities for each title separately:

Reason for Leaving: \_\_\_\_\_

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Past Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position Title: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_ Highest Salary: \$ \_\_\_\_\_ Per: Yr./Mo./Wk. \_\_\_\_\_

Dates of Employment: Month  Year  To Month  Year  Total Years

Currently employed: Yes ☐ No ☐ Months

Supervisor's Name: \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Volunteer ☐

Describe the duties and responsibilities for each title separately:

Reason for Leaving: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position Title: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_ Highest Salary: \$ \_\_\_\_\_ Per: Yr./Mo./Wk. \_\_\_\_\_

Dates of Employment: Month  Year  To Month  Year  Total Years

Currently employed: Yes      No      Months

Supervisor's Name: \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Volunteer ☐

Describe the duties and responsibilities for each title separately:

Reason for Leaving: \_\_\_\_\_

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Past Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position Title: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_ Highest Salary: \$ \_\_\_\_\_ Per: Yr./Mo./Wk. \_\_\_\_\_

Dates of Employment: Month  Year  To Month  Year  Total Years

Currently employed: Yes      No      Months

Supervisor's Name: \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Volunteer ☐

Describe the duties and responsibilities for each title separately:

Reason for Leaving: \_\_\_\_\_

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**EDUCATION**High School Graduate? Yes ☐ No ☐ Number of Years Completed?  GED? Yes ☐ No ☐

Last High School attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance Dates: \_\_\_\_\_ to \_\_\_\_\_ Date of Diploma/Certification: \_\_\_\_\_

Name of Colleges or Universities attended (Last school first)	From MM/YYYY	To MM/YYYY	Major Field of Study	Graduated	Type of Degree Earned
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Business, Trade or Correspondence School	From MM/YYYY	To MM/YYYY	Subject Areas Studied	Completed	Certificate Received
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Title of Professional and/or Occupational Licenses	Number	Issuing Authority	Expiration Date

Field of Study	Undergrad Courses	Graduate Courses	Field of Study	Undergrad Courses	Graduate Courses	Field of Study	Undergrad Courses	Graduate Courses
Check ALL that apply	✓	✓	Check ALL that apply	✓	✓	Check ALL that apply	✓	✓
Accounting			Entomology			Mathematics		
Actuarial Science			Environmental Health			Medical Records		
Afro-American Studies			Environmental Science			Medical Technology		
Agriculture			Epidemiology			Medicine		
Agronomy			Finance			Microbiology		
Animal Science			Fire Science			Nursing		
Architecture			Fish Management			Park Management		
Art			Food Service Mgmt.			Pastoral Counseling		
Atmospheric Science			Foreign Language			Pharmacy		
Audiovisual Instruction			Forensic Science			Physics		
Bacteriology			Forestry			Political Science/Govt		
Biochemistry			Geography			Programming		
Biology			Geology			Psychology		
Biostatistics			Genetics			Public Admin		
Botany			Guidance/Counseling			Radio - Television		
Business Admin/Mgmt.			Health/Public Health			Recreation		
Cell/Molecular Biology			History			Rehab Counseling/Admin		
Chemistry			Home Economics			Risk Assessment		
Computer Science			Humanities			Secretarial Science		
Conservation			Human Services			Social Work		
Criminal Justice Admin			Hydrology			Sociology		
Criminology			Industrial Arts			Soil Science		
Demography			Industrial Hygiene			Speech and Drama		
Dietetics, Nutrition			Insurance			Statistics		
Divinity/Theology			Journalism			Therapy		
Early Childhood Dev.			Law			Toxicology		
Economics			Law Enforcement			Urban Studies		
Education			Library Science			Wildlife Management		
Engineering			Limnology			Zoology		
Engineering Technology			Mgmt. Info. Systems			Other:		
English			Marketing			Other:		

Comment area to further specify the Category where noted in the previous table.

## UNITED STATES MILITARY SERVICE

Are you a Veteran? Yes ☐ No ☐

Branch: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rating at discharge or separation: \_\_\_\_\_

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**The Illinois State Toll Highway Authority is an equal opportunity employer and will not make an employment decision based on race, color, religion, marital status, pregnancy, national origin or ancestry, disability, unfavorable discharge from military service, age, order of protection status, military status, sex, sexual orientation, citizenship status, or arrest record.**

**Conviction of a Felony or Misdemeanor is not an automatic bar to employment. Each case will be considered on its individual circumstances.**

### CERTIFICATION OF APPLICANT – Read Before Signing

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein concerning my previous employment and of any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

I understand employment is conditioned upon my submission to and satisfactory passage of a medical examination, if required for the position, and background checks.

I understand that as a condition of employment I will be fingerprinted and I agree to take polygraph tests at any time when requested to do so by the Illinois State Toll Highway Authority.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of pay provisions, be terminated at any time without prior notice and without cause.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Tollway to continue to employ me in the future.

By checking the box, I am verifying the completeness and accuracy of the registration information and it constitutes a secure electronic signature, pursuant to 5 ILCS 175, Article 10.

Yes ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_